MEAL RESERVATION FORM

Concessionaire: IOWA MARKET, Paul Belden: 2473 160th Road, Guthrie Center, IA 50115 Phone: 641-747-2785 fax: 641-747-3951 E-Mail: consed@netins.net

ALL food arrangements are made under an agreement with a private concessionaire and the Iowa Department of Natural Resources. For special dietary requirements and menu selection questions, please contact the concessionaire.

No food or beverages may be brought in by the group. Snacks may be arranged through the concessionaire, and must be consumed in the dining hall.

Please complete the form below - start with the first meal or break you will have at the facility (break selections are optional). Add the time for that meal, the price of the meal you want, the number of people for the meal, then the total cost for the entire group. A minimum of 25 is recommended for all meals. If your group is less than 25, the minimum charges will be assessed. PLEASE SUBMIT an estimated number for meals on this Meal Reservation Form 30 days prior to your visit. If your numbers change, you may submit your final count in writing, at the latest, 1 week before your arrival date. Your final count should be accurate - the concessionaire will prepare the number of meals you order and guarantee this is the number you will be charged for.

Please complete this form and return it with the Conservation Education Center's Reservation Form. Your Meal Reservation Form will be forwarded to the concessionaire. Group Name: _____ Contact Person: Phone #: (____)_ Age of the group's majority: (please circle one) College Elementary Jr.-Sr. High Adults Facility Reservation: Arrival Date/Time Departure Date/Time MEALS/BREAKS TIME PRICE PER TOTAL MEAL SELECTION # OF REQUESTED MEAL **PEOPLE** PRICE meal # choices DAY 1 Breakfast AM Break Lunch PM Break Dinner **Evening Break** DAY 2 Breakfast AM Break Lunch PM Break Dinner Evening Break If additional days are needed please complete on back side of this sheet. Concessionaire will charge sales tax unless a tax exempt number is provided <u>prior</u> to the reservation date. Tax Exempt #_______, if applicable. Payment must be made to the concessionaire upon arrival at the Education Center unless prior arrangements have been made, otherwise, the overall bill will be subject to a late fee and finance charge. Signature of Group Leader:______ Date Signed: _____

MEAL RESERVATION FORM cont'd

MEALS/BREAKS	TIME	MEAL SELECTION		PRICE	# OF	TOTAL
	REQUESTED	meal #	choices	PER MEAL	PEOPLE	PRICE
<u>DAY 3</u> Breakfast						
AM Break						
Lunch						
Danen						
PM Break						
Dinner						
Evening Break						
<u>DAY 4</u> Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
F : P !						
Evening Break DAY 5						
Breakfast						
AMD I						
AM Break						
Lunch						
PM Break						
rivi bicak						
Dinner						
Evening Break						
DAY 6						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						